

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Arcadio S. Acuna

DEFENDANT

Lea Ann Chrones et al.

COURT CASE NUMBER

3:07-5423 VRW

TYPE OF PROCESS 57

Order, Complaint, Summons

**SERVE
 AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

William Luger - CDCR - Correctional Officer

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

9838 Old Placeville Rd. , Sacramento, CA 95827

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165
 Pelican Bay State Prison C-10-119
 P.O. Box 7500
 Crescent City, CA 95532

Number of process to be
 served with this Form 285

Number of parties to be
 served in this case

Check for service
 on U.S.A.

RECEIVED
 UNITED STATES MARSHAL
 08 APR -9 PM 3:23
 NORTHERN DISTRICT
 OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
 All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
 number of process indicated.
 (Sign only for USM 285 if more
 than one USM 285 is submitted)

Total Process

1

District of
 Origin

No. 11

District to
 Serve

No. 9

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

4/11/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
 on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
 then residing in defendant's usual place
 of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$8.00

Total Mileage Charges
 including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

0

Amount owed to U.S. Marshal* or
 (Amount of Refund*)

\$0.00

REMARKS:

5/6/08 - Mailed Summons w/ 299 Form. RJS
 4/4/08 NO Acknowledged Receipt as of this date

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
 if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED